

ETP Application – Multiple Employer Contractor (MEC)

ETP Reference Number:	
Applicant's Complete Legal Name:	
Website:	
Address:	
City, State, Zip:	
Person Completing Application:	
Phone:	
E-mail:	

Total Number of Trainees:	
Total ETP funding requested:	\$
Proposed training start date (month, day, year):	

Notice

The terms and conditions of your ETP Agreement are subject to negotiation based upon the information contained in this Application.

Authorization

To the best of my knowledge, the information in this Application is accurate and correctly reflects our request for ETP funding.

E-Signature:	Title:
Print Name:	Date:
E-Mail Address:	

Checklist

Note: *Analyst will check items that must be completed.*

<u>TO DO</u>	Checklist
<input type="checkbox"/>	AUTHORIZATION PAGE
<input type="checkbox"/>	CONTACT INFORMATION
<input type="checkbox"/>	BACKGROUND INFORMATION
<input type="checkbox"/>	NEED FOR TRAINING AND PROGRAM DESIGN
<input type="checkbox"/>	MEC SERVICES AND RESOURCES <ul style="list-style-type: none"> • MARKETING AND EMPLOYER RECRUITMENT • CURRICULUM DEVELOPMENT • CORE PARTICIPATING EMPLOYERS • NEW HIRE RECRUITMENT PLAN
<input type="checkbox"/>	SPECIAL CATEGORIES AND PROGRAM <ul style="list-style-type: none"> <input type="checkbox"/> SET Frontline Worker (Section 4400(ee)) <input type="checkbox"/> Entrepreneurial (Section 4409(c)) <input type="checkbox"/> High Unemployment Area (HUA) (Section 4429 and ETP website) <input type="checkbox"/> HUA Working Poor (Sections 4400 (hh) & 4409 (a)(5)) <input type="checkbox"/> Multiple Barriers (Section 4409(a)(4)) <input type="checkbox"/> Certified Nurse Assistant to LVN (Guidelines) <input type="checkbox"/> Ex Offender/At Risk Youth (Guidelines) <input type="checkbox"/> Seasonal Workers (Guidelines) <input type="checkbox"/> Medical Skills Upgrade (Guidelines) <input type="checkbox"/> Temporary to Permanent Workers <input type="checkbox"/> Professional Employment Organization <input type="checkbox"/> EDD Workshare (Guidelines) <input type="checkbox"/> Veterans (Guidelines) <input type="checkbox"/> Microenterprise (Guidelines) <p>Note: All Section references are to Title 22, California Code of Regulations</p>
<input type="checkbox"/>	COMMITMENT TO TRAINING
<input type="checkbox"/>	OCCUPATION AND WAGE CHART

<input type="checkbox"/>	<p>TRAINING PLAN</p> <p>Reimbursement Rate(s) (Determined by Analyst)</p> <p>Retraining:</p> <p><input type="checkbox"/> Large Employer Standard \$15</p> <p><input type="checkbox"/> Large Employer Priority \$18</p> <p><input type="checkbox"/> Small Business Standard \$22 (including entrepreneurial)</p> <p><input type="checkbox"/> Small Business Priority \$26 (including entrepreneurial and Microenterprise)</p> <p><input type="checkbox"/> Large Employer Standard AT \$22</p> <p><input type="checkbox"/> Large Employer Priority AT \$26</p> <p><input type="checkbox"/> Medical Skills \$22</p> <p><input type="checkbox"/> Veterans \$20</p> <p><input type="checkbox"/> Critical Proposal Standard \$15 and Priority \$22 (Analyst enters amount)</p> <p><input type="checkbox"/> New Hire \$20</p>
<input type="checkbox"/>	<p>CURRICULUM</p> <ul style="list-style-type: none"> • ADVANCED TECHNOLOGY (AT) JUSTIFICATION • PRODUCTIVE LAB JUSTIFICATION
<input type="checkbox"/>	<p>ELECTRONIC TRAINING DOCUMENTATION</p>
<input type="checkbox"/>	<p>SPECIAL INSTRUCTIONS AND COMMENTS</p>

Contact Information

Who is the Training Program Contact

Representative's Name: _____
Title: _____
Company : _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____

Do you have a consultant (3rd party) assisting with the Application?: ☐ Yes ☐ No

If yes,

Representative's Name: _____
Title: _____
Company : _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____
Cost of Services: _____

Do you have an outside contract administrator? ☐ Yes ☐ No ☐ TBD

If yes,

Representative's Name: _____
Title: _____
Company: _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____
Description of services: _____
Cost of Services: _____
Out of State vendor: (T.22, CCR, Section 4421): _____

Do you plan to use any training vendors? ☐ Yes ☐ No ☐ TBD

If yes,

Representative's Name: _____
Title: _____
Company: _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____
Description of services: _____
Cost of services: _____
Out of State vendor (T.22, CCR, Section 4421): _____

- Type of training: _____
- Number of hours/days of training: _____
- Number and occupations of trainees: _____
- Cost of training: \$ _____
- For Training Agencies: Justification for choosing vendor: _____

Repeat for additional training vendors.

Background Information

Contractor's History

- Year founded and primary function: _____
- Location of headquarters and training facilities (addresses and counties): _____
- What services do you provide? _____
- Identify your customers (i.e. employers or trainee population): _____
- Geographic Service Delivery Area: What counties and cities do you serve will you serve under the ETP training? _____
- Briefly describe the type of businesses, industries, trainee populations you provided training to in the past: _____

Repeat Contractor/Prior Performance

Are you a repeat contractor? ☐ Yes ☐ No

Previous ETP Agreement(s) No.: ET_____ **Analyst provides project(s) stats**

For each project with low performance (less than 70% earned) completed within the last 5 years, explain reason and what steps have been taken to improve performance for the new project: _____

Need for Training and Program Design

- Describe your participating employers' need for training: _____
- How did you determine employer need for this program? Did you perform individual employer assessments? _____
- Describe the changes (core participating employers or industry) that have taken or will take place requiring training: _____
- How will training facilitate these changes and give workers the skills they need to remain employed? _____
- How will training help job the core participating employers' job creation/expansion in the next 12 – 24 months? _____
- Describe how you work with Employer Advisory Groups and how they assisted in developing the training program: (New Hires): _____
- How do you get feedback and assess the effectiveness of training? _____
- Is there new equipment/technology related to training for the participating employers?
☐ Yes ☐ No.

If yes,

- Type of Equipment: _____
- Installation date: _____
- Cost of Equipment: _____
- Is training included in the purchase price of new equipment? ☐ Yes ☐ No
 - If yes, how does the equipment/technology impact some or all of the participating employers: _____

MEC Services and Resources

Marketing, Employer Recruitment, Project Administration

- How do you market/advertise your programs? _____
- Describe how you work with community organizations and the name of those organizations: _____
- (For first-time applicants only): Describe your prior history in providing incumbent worker training: _____
- Describe your plan for recruiting participating employers: _____
- Describe trainer qualifications, the use of outside training vendors, and what percentage of training will be delivered by outside vendors: _____
- Describe your plan for administering the project: _____ Number of staff dedicated to marketing, recruitment, needs assessments, scheduling training, and ETP administration: _____
- Provide justification for support costs requested: _____
- Provide a proposed Training Schedule: _____

New Hire Recruitment Plan

- Describe your plan for recruiting New Hire Trainees: _____
- Have you provided training and job placement services to unemployed individuals?

- If so, please describe your services: _____
- Describe prior history of working with One-Stop Centers or other UI referral sources:

- How do you assess the trainees' skill level and what training they need? _____
- Provide local/regional occupational job outlook for training that will be provided: _____

Curriculum Development

- How did you develop your ETP curriculum? _____
- How does your curriculum meet the needs of your participating employers? _____
- How do you get feedback and update the curriculum? _____
- Retraining only: Where will training be conducted?
_____ % center-based %: _____ employer worksite?

Core Participating Employers – Retrainees Only

- How many Large Employers (over 100 employees) will participate? _____
- How many [Small Employers](#) (100 or fewer) will participate? _____
- Will you provide training to [Priority Industry Employers](#) (based on the ETP Priority list)?
If so, how many will participate? _____

Complete the Employer Demand Verification form for the “core” participating employers.
(Analyst provides form)

NOTE: Your list must show the group of employers that have agreed to participate in training. The list must also show a commitment from these companies for at least 80% of the total number of trainees you have requested in the Application.

Retraining only – Commitment to Training:

- Explain how ETP funding will not displace the training resources of the core group of participating employers: _____
- Identify the types of training the core employers previously provided or will continue to provide, and whether it was job-specific or organization-wide: _____

Company Turnover rate: (Section 4417 Secure Job)

Do not list any employers whose turnover rate exceeds 20% for the prior calendar years.

Union Representation:

Union SUPPORT LETTER: For trainees covered by a collective bargaining agreement, submit signed letter(s) on union letterhead supporting training for members or indicate when the union letter will be submitted to ETP.

Special Categories and Programs

Further Information

SET Frontline Worker (Section 4400(ee)):

Q: Will trainees meet the current wage of \$_____ after retention?

Entrepreneurial (Section 4409(c))

Q: Will all employers be small businesses with 1-9 full-time employees? ☐ Yes ☐ No

Microenterprise ([Guidelines](#))

Q: Will all employers be new companies without a CEAN with 1-5 employees?

☐ Yes ☐ No

High Unemployment Area (HUA) (Section 4429 and [ETP website](#))

Q: Identify cities/counties where trainees will be working: _____

HUA Working Poor (Sections 4400 (hh) & 4409 (a)(5))

Q: Identify trainee occupations and wages in HUAs: _____

Multiple Barriers (Section 4409(a)(4))

Q: Describe all of the barriers to employment that will qualify trainees: _____

Certified Nurse Assistant to LVN ([Guidelines](#))

Ex Offender/At Risk Youth ([Guidelines](#))

Seasonal Workers ([Guidelines](#))

Medical Skills Training([Guidelines](#))

Temporary to Permanent Workers

Q: Projected number of trainees: _____

Professional Employment Organization

Q: Provide copy of contract(s) between participating employer and its PEO.

EDD Workshare ([Guidelines](#))

Veterans ([Guidelines](#))

Training Plan

Occupation/Wage Chart			
Occupations to be Trained	Minimum Wage (without benefits)	Maximum Wage (without benefits)	Union Collective Bargaining Agreement

List union(s) _____

Note: Union letter required for each union.

Health Benefits: Per hour employer-paid health benefits to be added to meet the ETP Minimum Wage: \$_____

Miscellaneous Compensation: Do you need additional compensation to meet ETP minimum wage? ☐ Yes ☐ No

- **Which Occupations:** _____
- **Amount per hour:** \$_____
- **Type** (ex: commission bonus): _____

Hours in a Work Week (min 35 hours a week): _____

Total Number of Trainees: _____

Projected Number of Managers and Supervisors: _____

Does the number of managers and supervisors being trained exceed 20% of total number of trainees? ☐ Yes ☐ No **If yes,** provide justification: _____

Training Plan Charts

NOTE: Hours per-trainee cannot exceed a total of 200 for retraining and 260 for new hires, regardless of the method of delivery. Training hours for small business cannot exceed 60. Contractor must justify any request for hours that exceed the allowable caps.

Formulas for Training Plan Charts

Average hours per trainee (a) x Total number of trainees (b) = Total number of training hours (c)
Total number of training hours (c) x Fixed-fee rate (d) = Total funding (e)

Standard Large Employer						
Minimum hours	Maximum hours	Average hours per trainee (a)	Total # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	200	40	100	4000	\$15	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Priority Large Employer						
Minimum hours	Maximum hours	Average hours per trainee (a)	Total # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	200	40	100	4000	\$18	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Standard Small Business						
Minimum hours	Maximum hours	Average hours per trainee (a)	Total # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
8	60	40	100	4000	\$22	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Priority Small Business						
Minimum hours	Maximum hours	Average hours per trainee (a)	Total # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
8	60	40	100	4000	\$26	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Entrepreneurial (non-priority and priority)/Microenterprise						
Minimum hours	Maximum hours	Average hours per trainee (a)	Total # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
8	60	40	100	4000	\$22 or \$26	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Medical Skills						
Minimum hours	Maximum hours	Average hours per trainee (a)	Total # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	200	40	100	4000	\$18 (non med)	
					\$22 (med)	

Of the total hours above (c):

- Projected Computer Based training (CBT) hours: _____

New Hire						
Minimum hours	Maximum hours	Average hours per trainee (a)	Total # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	260	40	100	4000	\$20	

Of the total hours above (c):

- Projected Computer Based training (CBT) hours: _____

Critical Proposal (fee negotiated)						
Minimum hours	Maximum hours	Average hours per trainee (a)	Total # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	300	40	100	4000	\$15-22 (negotiate)	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Veterans						
Minimum hours	Maximum hours	Average hours per trainee (a)	Total # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	200	40	100	4000	\$20	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Employer In-Kind Contribution **(for retraining participating employers only except JATCs)**

Based on your training plan, enter:

- Trainee wages paid during training: \$_____ (*total training hours x average wage*)
- (If needed) Other contributions to the training program in excess of ETP funding: \$_____, which covers the following training costs: _____.
- MEC contribution – What additional services/ training not funded by ETP will be provided? _____

Funding From Other Sources

- Will you be receiving training funds from any other source? ☐ Yes ☐ No
 - If **yes**, explain other funding sources that will be received for this training program and purpose: _____
- **New Hires Only:** Will ETP be exclusive source of funds for the new hire training program? ☐ Yes ☐ No
 - If **No**, what other funding will be used and what will be covered? _____

Curriculum

Class Lab Hours
(Range of hours)

Trainees may receive any of the following:

BUSINESS SKILLS

✚ Topic

COMMERCIAL SKILLS

✚ Topic

COMPUTER SKILLS

✚ Topic

CONTINUOUS IMPROVEMENT

✚ Topic

HAZARDOUS MATERIALS

✚ Topic

MANAGEMENT SKILLS (management trainees only)

✚ Topic

MANUFACTURING SKILLS

✚ Topic

Safety Training is capped at 10% of a trainee's total training hours

LITERACY SKILLS

✚ Topic

Must be job related and hours are capped at 45% of a trainee's total training hours

ADVANCED TECHNOLOGY (limited ratio 1:10)

✚ Topic

Complete the table below

PRODUCTIVE LAB (limited ratio 1:10)

✚ Topic

Complete the table below

COMPUTER BASED TRAINING (CBT)

Provide a list of courses and the standard number of hours required to complete each course.

Hours are capped at 50% of trainee's total training hours

Advanced Technology (AT) Justification

Trainee Occupations and Wages:

- Identify occupations technical background.
- Describe why these occupations need these specific courses.
- Provide wages for occupations that will be included in this training.

Justification:

- Describe how or why this training exceeds the standard ETP reimbursement. Specifically identify training costs.
- Specify needed equipment or software needed for this training.

Productive Lab (PL) Justification

- Explain the need for PL.
- What occupations are being trained?
- Equipment to be used.
- Explain how training will be different from actual work.
- How will production be affected during PL?
- Describe role of trainer and qualifications.

Note: Each participating employer must have a PL Worksheet on file with the MEC
Analyst provides PL worksheet

Electronic Training Documentation

Do you currently use electronic training documentation? ☐ Yes ☐ No

Do you plan to use electronic training documentation to document ETP training hours?
☐ Yes ☐ No

- Answer the questionnaire – **(Analyst provide form)**
- Submit the Authorization Form – **(Analyst provide form)**

Special Instructions and Comments

Analyst adds comments or requests for specific additional information.